

Attorney's Docket No.: 14184-043001 Client's Ref. No.: MIC-008UTLCIP

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled <u>METHODS AND COMPOSITIONS FOR THE TREATMENT OF GASTROINTESTINAL DISORDERS</u>, the specification of which:

CASTROINI	ESTINAL DISORDERS, 1	he specification of which:				
[] [X]	is attached hereto. was filed on March 9, 2004 as Application Serial No. 10/796,719 and was amended on					
	was described and claimed in PCT International Application No filed on and as amended under PCT Article 19 on					
	eby state that I have review claims, as amended by any		ents of the above-identified spec we.	ification,		
I ack Title 37, Code	nowledge the duty to disclose of Federal Regulations, §1	se all information I know to 1.56.	be material to patentability in	accordance with		
I here application(s)	by claim the benefit under listed below:	Title 35, United States Coo	de, §119(e)(1) of any United Sta	tes provisional		
	U.S. Serial No.	Filing Date	Status			
60/51		November 12, 2003	Pending	W		
60/47		May 15, 2003	Pending			
60/443	3,098	January 28, 2003	Expired			
listed below as United States a acknowledge to of Federal Reg	nd, insofar as the subject m application in the manner p he duty to disclose all infor	atter of each of the claims of rovided by the first paragra rmation I know to be materi ecame available between th	le, §120 of any United States ap if this application is not disclose ph of Title 35. United States Co al to patentability as defined in a filing date of the prior applica-	d in the prior de, §112, I Title 37, Code		
	U.S. Serial No.	Filing Date	Status			
10/766		January 28, 2004	Pending	**************************************		
	by appoint the following at Patent and Trademark Off		osecute this application and to tr	ansact all		
Anita L. Meiklejohn, Reg. No. 35,283 Timothy A. French, Reg. No. 30,175			John W. Freeman, Reg. No. 29,066 John F. Hayden, Reg. No. 37,640			
Direc	t all telephone calls to ANI	TA L. MEIKLEJOHN, PH	.D. at telephone number (617) 5	42-5070.		
Direc	t all correspondence to th	ne following:				

PTO Customer Number: 26161



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Combined Declaration and Power of Attorney

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

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